Addressing Fatigue in MS

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Defining Fatigue

There are many types of fatigue that can affect patients with CNS demyelinating diseases such as MS, NMO and MOGAD

Motor Fatigue- exertional decline in ability to exert force, or heat related symptoms (Uhthoff). Muscle tiredness.

Compensating for limb weakness, poor balance , and issues like foot drop causes working harder to get through the day.

Cooling cloths/ vests, Ampyra, assistive devices, reconditioning

Lassitude- overwhelming fatigue, may be due in part to inflammatory cytokines. Independent of activity or level of disability.

Diet, exercise , supplements, good sleep

Constitutional/ Secondary Fatigue- depression, illness, poor sleep, sleep disorders such as sleep apnea, poorly controlled co-morbidities, symptoms such as spasticity and urinary dysfunction

Exercise, sleep, diet, supplements, Amantadine, Modafinil

Impact on Quality of life

Your fatigue is real, often misunderstood by friends, family and co-workers

Leading cause of vocational disability

Complicated relationship to mood disorders like depression

Necessary medications can contribute to fatigue

NMSS reports up to 80% of MS patients experience fatigue

Supplements/ Diet

Mitochondrial support- power stations in our cells that convert nutrients into energy. Mitochondrial dysfunction seen in many chronic diseases and is directly related to excess fatigue

Diet as adjunct to standard DMT

Limit processed foods. Limit added sugar and sodium. Limit saturated fats

Anti-inflammatory , Mediterranean

Consider intermittent fasting

L Carnitine

B12

Co Enzyme Q 10

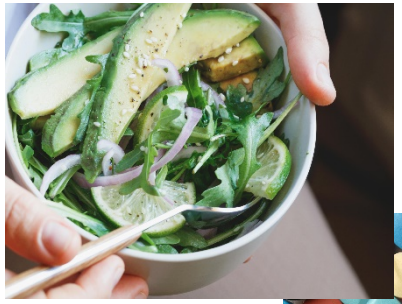
Vitamin C

Alpha Lipoic Acid

Riboflavin

Vitamin D

Discuss all supplements with your provider



Behavioral Changes

Energy Conservation

Exercise

Circadian Rhythm adherence

Yoga

Aqua therapy

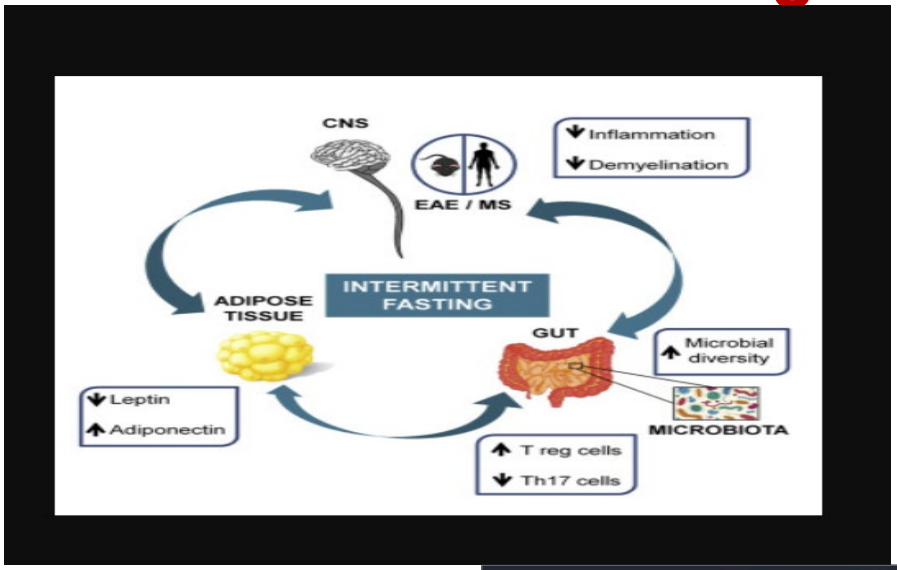
Mindfulness

Fit Bit/Tracker

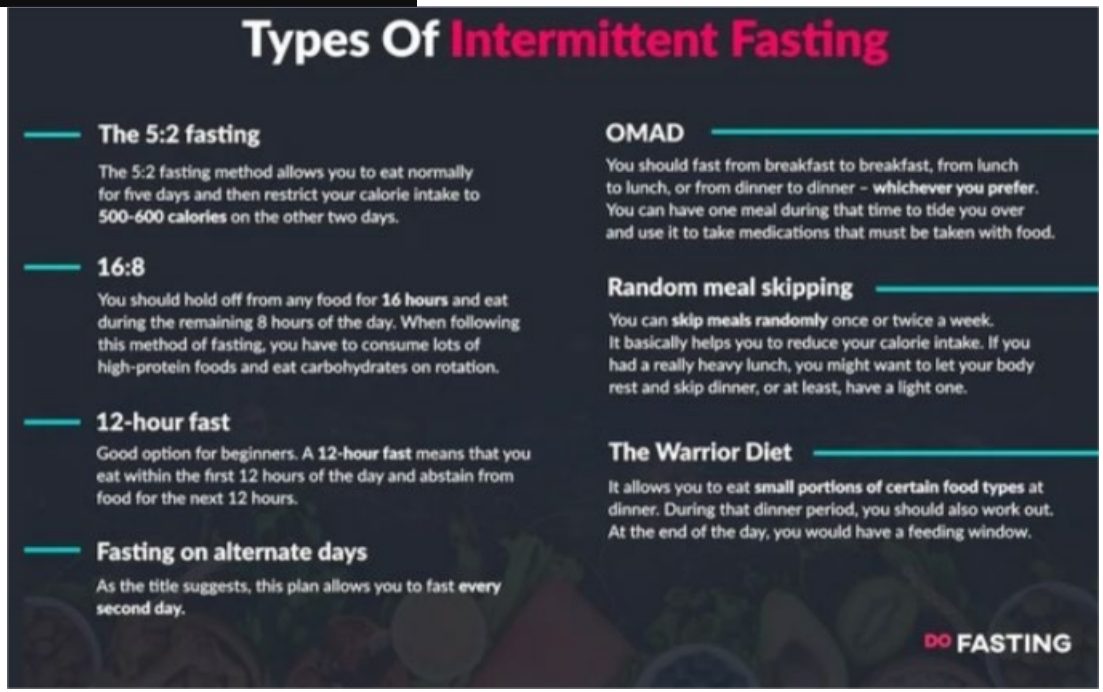
Counseling/Talk Therapy

Cognitive behavioral therapy

Intermittent Fasting and Gut Microbiome



Reported at Actrims 2021 'Weight,Obesity and Adipokines" Laura Picco MD PhD



WAVES randomized clinical trial (2021)looking at impact of dietary interventions on Fatigue and QOL

Fatigue is one of the most common and debilitating symptoms reported in MS,[2] and is associated with increased disability and reduced quality of life (QoL).[3]

Pharmacological treatment options for MS-related fatigue have limited efficacy[4]; thus, many individuals with MS seek non-pharmacologic therapies to reduce their fatigue burden.

Despite a lack of consistent evidence for any specific therapeutic diet for MS,[5] surveys observe that half of individuals with MS report implementing dietary modifications.[6,]

[7] Due to the lack of evidence demonstrating diet intervention-related reduced disease activity[5] and the limited role of the neurologist in providing dietary recommendations,[8] people newly diagnosed with MS receive little dietary advice[9] which forces this information to be sought from internet sources that are often not evidence-based.[1]

The findings from this trial confirm those of preliminary trials that the Wahls and Swank diets are associated with significant reductions in fatigue and improvements in QoL among RRMS participants.

Clinical Care Team

Working together to achieve Quality of Life

References;

List of articles reviewed

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Whals, T, Titcomb, T. et al (2021) Impact of Swank and Wahls elimination dietary interventions on fatigue and quality of life in relapsing-remitting multiple sclerosis;The WAVES randomized parallel-arm trial*, Multiple Sclerosis Journal Experimental Translational Clinical*, July-September 2021 DOI 10.1177/20552173211035399

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